

USAID's Global Tuberculosis Program



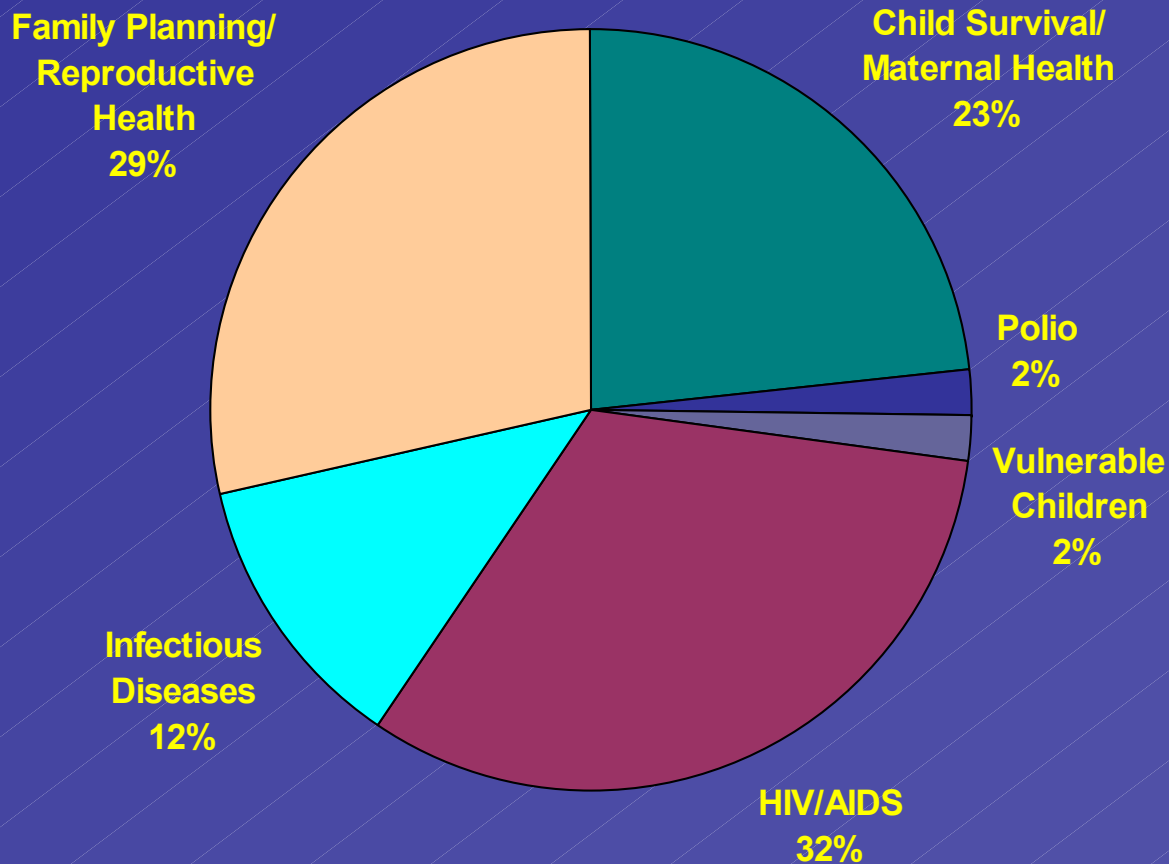
Expanding the DOTS Strategy Through Partnerships and Capacity Building

World TB Day, National Press Club, March 24, 2003



USAID Health Programs by Primary Funding Category

Total Funding: \$1.56 Billion (FY 2002)



Why is USAID working on TB?

- **Significant development/economic implications**
 - 2-3 million deaths each year
 - 98% of deaths occur in developing world
 - Affects the economically productive population
- **Serious global public health threat**
 - 1/3 of the world's population is infected
 - 8 million new cases per year
 - Each person with active TB can infect 10-15 people/year
- **Key factor in survival of people living with HIV/AIDS**
 - 1/3 of AIDS patients die of TB
- **Implications for women's health**
 - 750,000 women of reproductive age die of TB each year



Status of TB Control

- 148 of 210 countries are implementing DOTS
- 80% treatment success with DOTS (SS+)
- 28% treatment success with non-DOTS (SS+)
- 55% of population “covered” by DOTS
- 60% of estimated SS+ cases globally were *undetected* (2000)
- Vietnam was *the only HBC* to achieve targets for case detection and cure (2000)

Challenges to TB Control

- Lack of adequately trained workforce and cadre of international TB experts
- HIV co-infection and drug resistance
- Need for secure drug supplies for ALL infectious patients
- Insufficient technology for diagnosing and managing TB
- Limited cooperation with private providers

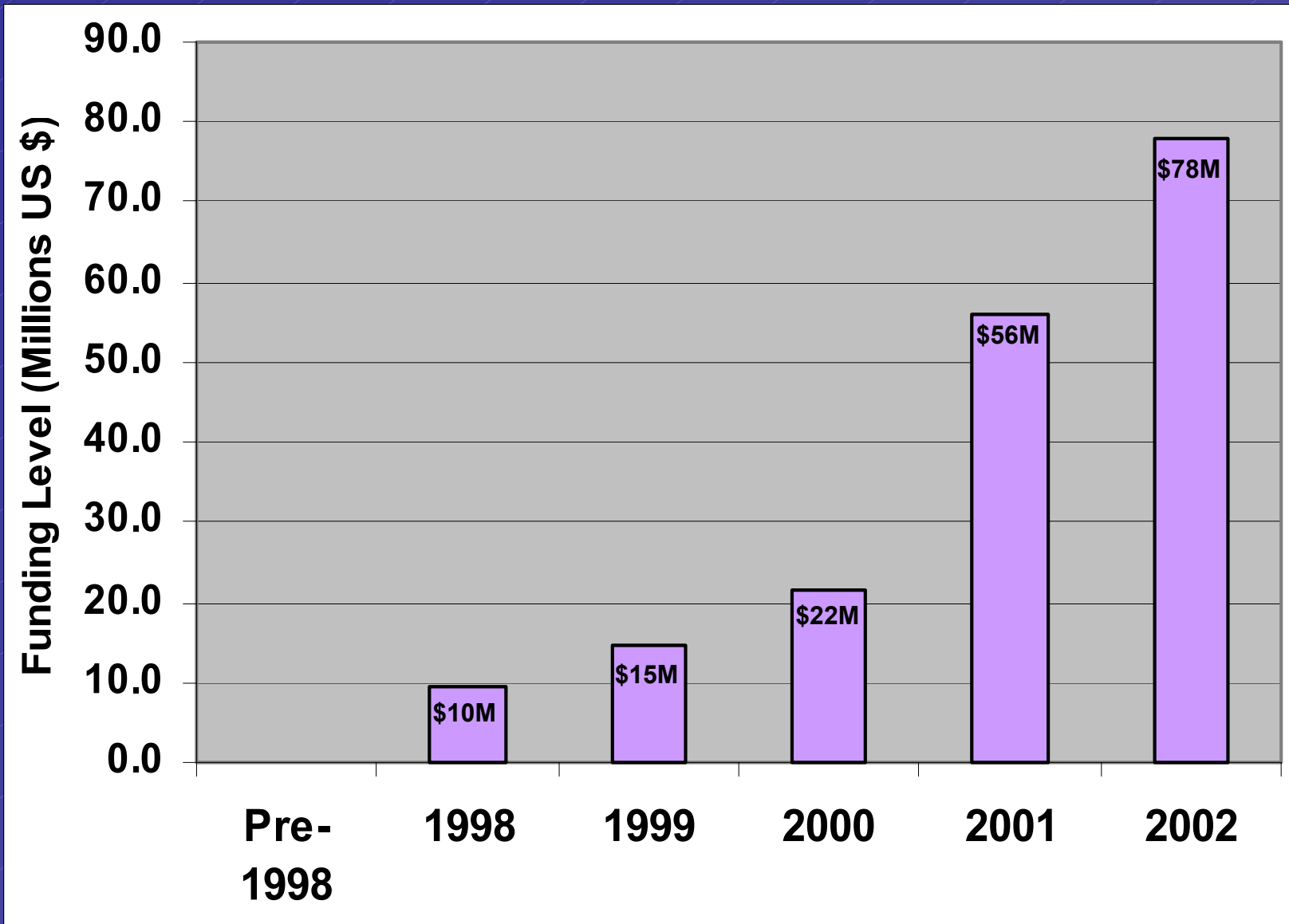
USAID's Goal and Objective

Goal: To contribute to the global reduction of morbidity and mortality associated with Tuberculosis.

Objective: Enhance country capacity to prevent and cure Tuberculosis and achieve global targets of 70% case detection and 85% treatment success rates.



USAID TB Funding Timeline



USAID's Expanded Response: What We Will Do

- Expand and strengthen DOTS
- Increase and strengthen human resource capacity
- Develop and disseminate new tools and approaches
- Adapt DOTS to address special challenges
 - HIV/AIDS – TB co-infection
 - TB drug resistance



USAID's Expanded Response: How We Will Do It

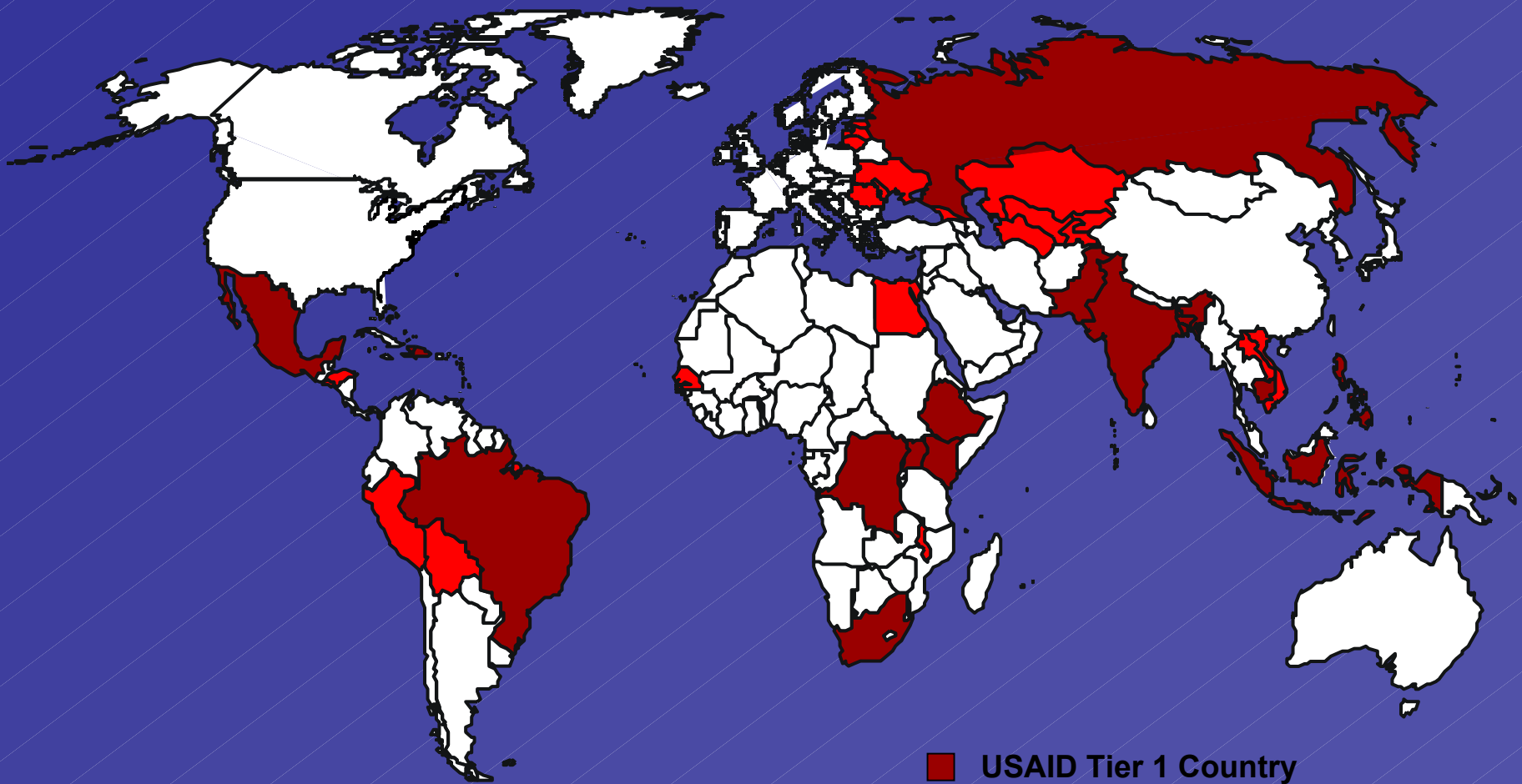
- **Focus on country level**
- **Expand partnerships**
- **Build capacity of our partners**
- **Build capacity of USAID**
- **Communication and advocacy**



Selection Criteria for TB Country Programs

- **Countries of greatest need as defined by:**
 - **Greatest burden of TB/high incidence of TB (case detection estimated rates over 100/100,000)**
 - **Significantly contribute to the global burden of TB**
 - **High HIV/AIDS prevalence**
 - **Potential of escalating multi-drug resistance**
- **Technical & managerial feasibility**
- **Political commitment**

Where Is USAID Working?



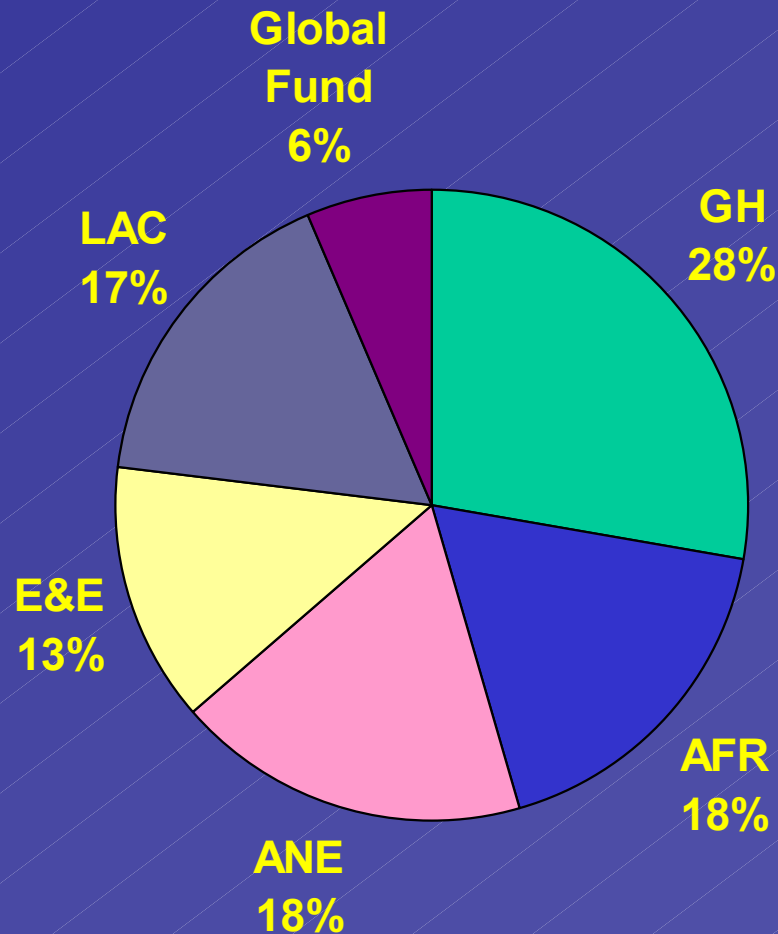
■ USAID Tier 1 Country

■ USAID Tier 2 Country



TB Funding By Region (FY 2002)

Total: \$77,945,000



Expand and Strengthen DOTS

- **Laboratory renovation and equipment**
- **Preparation of national plans for DOTS expansion**
- **Development and dissemination of norms and guidelines**
- **Technical assistance for procurement and management of TB drugs**
- **Program monitoring and supervision**
- **Training of health personnel**
- **Standardize and improve information systems**

Increase and Strengthen Human Resource Capacity

- **Train health personnel at all levels – doctors, nurses, lab technicians, community health workers**
- **Develop and disseminate training materials**
- **Support preparation of national plans for human resource development**
- **Expand pool of TB consultants**

Develop and Disseminate New Tools and Approaches

- **Clinical trials – new treatment regimens, FDCs**
- **Diagnostics – rapid, affordable and functional; IC test strip**
- **Operations research**
 - **To improve access and quality**
 - **Community based approaches**
 - **Public/private mix**
 - **Social, economic and behavior research**
 - **Role of incentives**
 - **Cost effectiveness of approaches to manage MDR TB**

Adapt DOTS to Address Special Challenges (HIV/AIDS-TB and TB Drug Resistance)

- **Epidemiological analysis and modeling**
- **Promote VCT; link to TB and HIV/AIDS services**
- **Strengthen TB and HIV/AIDS program coordination**
- **Test new service delivery approaches**
- **DOTS Plus for MDR TB pilot projects**
- **TB drug resistance surveys**
- **Lab strengthening to monitor resistance**

USAID's Role in TB Drug Management

- Expertise in improving pharmaceutical management systems
- Drug management now recognized as a critical factor in DOTS expansion
- TA to Stop TB and GDF in drug management issues, including:
 - Drug management assessments in 15 countries
 - TB/Drug management workshops and training



Key Partners

- Host-country National TB Programs
- Stop TB Partnership
- TB Coalition for Technical Assistance (TBCTA)
- WHO/Geneva and Regional Offices
- CDC and NIH
- CSH Grants Program
- IUATLD
- GFATM
- Global TB Drug Facility
- NGOs/PVOs
- RPM Plus
- Other Donors



STOP TB Partnership: USAID's Role

- **A leading partner in development of Stop TB Partnership**
- **Catalyst in development of Global Plan**
- **Member of Stop TB Coordinating Board**
- **Member of technical working groups**
- **Direct support to the Stop TB Secretariat**
- **Influential in launch of Global TB Drug Facility**

